

**Motor Vehicle Division**

96-0151 R03/14 azdot.gov

Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100**THIRD PARTY
AUTHORIZATION INTEREST**

Company Name			
Doing Business As (DBA)			
Mailing Address	City	State	Zip
Proposed Business Location (must be commercially zoned)	City	State	Zip
Business Type		Years In Business	
Other Types of Business You Are Licensed to Conduct in Arizona		License Number	
		License Number	

List: Owners, Partners, Corporate Officers, Directors and all Stockholders owning 20% or more of the corporation

Name (first, middle, last, suffix)	Title	Driver License Number	State
Name	Title	Driver License Number	State
Name	Title	Driver License Number	State
Name	Title	Driver License Number	State

Contact Person	Title
Phone Number ()	E-Mail Address

Authorization Interest

MVD Office Where You Normally Conduct Business
Counties Where You Plan to Conduct Third Party Activities (check all that apply) <input type="checkbox"/> Maricopa <input type="checkbox"/> Pima <input type="checkbox"/> Gila/Pinal <input type="checkbox"/> Coconino/Yavapai/Yuma <input type="checkbox"/> All Other Counties (specify):

Check all that you plan to perform and estimate the number of **transactions per month** that you anticipate:

Service Type	Transactions
<input type="checkbox"/> TransPort System (Permit issuance)	
<input type="checkbox"/> Level I Vehicle Inspection	
<input type="checkbox"/> Level I Vehicle Inspection plus Abandoned Vehicles	
Processing	
<input type="checkbox"/> Title and Registration	
<input type="checkbox"/> Driver License	
<input type="checkbox"/> Motor Carrier Apportioned/Allocated/Fleet Registration	
Testing	
<input type="checkbox"/> Driver License Operator	
<input type="checkbox"/> Commercial Driver License	
<input type="checkbox"/> Motorcycle License	
Training	
<input type="checkbox"/> Driver License	
<input type="checkbox"/> Motorcycle	
<input type="checkbox"/> Special Performance Evaluation	

If additional space is needed, attach separate sheet

How did you arrive at the service transactions estimates?
Do you have seasonal highs and lows in work volume? (If so, please describe)

MVD-Related Business Experience (specify)	
Years of MVD-Related Business Experience <input type="checkbox"/> None <input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	

Criminal Records Check and Bond Requirement Exemption

I hereby certify that, based on the following exemptions, the company is exempt from the:

Requirements – check one or both:

- ☐ Bond Requirement (ARS 28-5104)
 - ☐ Driver License Training
 - ☐ Motorcycle Training
 - ☐ Special Performance Evaluation Training
- ☐ Criminal Records Check (ARS 28-5105)

Exemptions – check all that apply:

- ☐ Arizona court
- ☐ Public utility
- ☐ Tribal government
- ☐ Federal government or any of its agencies
- ☐ Arizona law enforcement agency or department
- ☐ Employer or association with at least 500 employees or members
- ☐ Insurer under the jurisdiction of the Arizona Department of Insurance
- ☐ Department, agency or political subdivision of the State of Arizona
- ☐ Manufacturer, importer, factory branch or distributor licensed by ADOT/MVD
- ☐ Financial institution or enterprise under the jurisdiction of the Arizona Department of Financial Institutions or a federal monetary authority
- ☐ Motor vehicle dealer that is licensed and bonded by ADOT/MVD or a state organization of licensed and bonded motor vehicle dealers
- ☐ Owner or registrant of a fleet of 100 or more vehicles

I am interested in applying for Third Party authorization and wish to be evaluated to determine if I meet the minimum requirements.

Signature	Title	Date
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MVD Use

Date Received	Date Reviewed	Reviewer	Results <input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt
Comments			